

**AUTHORIZATION FOR ELECTRONIC TRANSFER (*DIRECT DEPOSIT*) OF
PERIODIC PENSION PAYMENTS FROM
THE CITY OF CHATTANOOGA GENERAL PENSION PLAN**

Payee Name:	
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Social Security Number:	
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I am receiving (will receive) periodic pension payments from the City of Chattanooga General Pension Plan. As such, I request that, beginning with the next (first) payment due and continuing until further written notice from me, First Tennessee Bank National Association deposit such payments, as soon as administratively feasible, to the credit of my account at the financial institution below:

Checking ☐ **Savings** ☐ **IF CHECKING, ATTACH A BLANK VOIDED CHECK TO THIS FORM**

Name of Financial Institution:	
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Address of Financial Institution:	
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ABA Routing Number:	
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Account Number:	
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Exact Name of Account:	
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Attach/Tape check here

Furthermore, First Tennessee Bank National Association is authorized to initiate debit entries to my account referenced above in the event of my death prior to payment date of a benefit and for other instances where a credit is made in error for which I am not entitled to receive.

Signature of Payee

Signature of Other Persons Owning Above Account

Return completed form to:

Attention: Cheryl Powell
City of Chattanooga City Hall
101 East 11th Street, Room 201
Chattanooga, Tennessee 37402